

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: UTAH

DISCLOSURE OF ADDITIONAL REGISTRY INFORMATION

The following nurse aide registry information is disclosed in addition to that required in 42 CFR 483.156(c)(1)(iii) and (iv):

1. Certification number
2. Where training took place
3. Pass/fail information

T.N. No. 91-028 Approval Date 4/15/92 Effective Date 1/1/92
Supersedes
T.N. No. New HCFA ID: